

**OFFICER'S BATTERY REPORT**  
CHICAGO POLICE DEPARTMENT

RD NO. **HX475653**

**INSTRUCTIONS:** This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

**"X APPLICABLE BOXES"**

OFFICER INFORMATION			INCIDENT INFORMATION					
NAME (LAST - FIRST - M.I.) <b>WALSH, JOSEPH J</b>			<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR ADDRESS OF OCCURRENCE <b>4112 S PULASKI RD</b>					
STAR NO. <b>12865</b>	POSITION <b>POLICE OFFICER</b>		CITY <input checked="" type="checkbox"/> CHICAGO		STATE (If outside Chicago)			
DATE OF APPOINTMENT <b>29-JUN-1998</b>	EMPLOYEE NO. [REDACTED]		LOCATION CODE <b>304-STREET</b>		BEAT OF OCCURRENCE <b>0815</b>			
UNIT OF ASSIGNMENT <b>008</b>	BEAT/CALL NO. <b>0845R</b>		DATE OF OCCURRENCE <b>20-OCT-2014</b>		TIME <b>21:57:00</b>			
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <b>WHITE</b>	DOB [REDACTED]	DAY OF WEEK <b>MONDAY</b>					
HEIGHT <b>600</b>	WEIGHT <b>190</b>		NO. OF OFFICERS BATTERED <b>3</b>					
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED			WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES   2. <input type="checkbox"/> NO					
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER _____			WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____			MANNER OF ATTACK <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input checked="" type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)		
TYPE OF ACTIVITY			TYPE OF WEAPON/THREAT					
<input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input checked="" type="checkbox"/> K. OTHER			(Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> E. FEET <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input checked="" type="checkbox"/> H. OTHER (SPECIFY) <u>/SWINGING KNIFE</u> <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT FIREARM USE INFORMATION (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON					
TYPE OF INJURY TO OFFICER			OFFENDER INFORMATION					
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE			SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F      RACE <b>BLACK</b> DOB <b>25-SEP-1997</b> CB NO. _____      IR NO. _____					
LIGHTING CONDITIONS AT INCIDENT			WEATHER CONDITIONS					
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input checked="" type="checkbox"/> 2. GOOD			<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND APPROXIMATE OUTDOOR TEMPERATURE: <b>50 °F</b>					

CPD-11.451 (REV. 1/04)

Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).

REPORTING MEMBER - SIGNATURE  
WALSH, JOSEPH J

STAR NO.  
12865

WATCH COMMANDER / UNIT COMMANDING OFFICER - SIGNATURE STAR NO.  
MC NAUGHTON, DAVID R 120

CPD-11.451 (REV. 1/04)

## TACTICAL RESPONSE REPORT/Chicago Police Department

MEM INV D	1. DATE OF INCIDENT <b>20-OCT-2014</b>		TIME <b>21:57:00</b>		2. ADDRESS OF OCCURRENCE <b>4112 S PULASKI RD CHICAGO, IL 60632</b>			3. LOCATION CODE <b>304</b>		4. BEAT/OCCUR <b>0815</b>		
	5. POSITION <b>9161</b>		6. LAST NAME <b>WALSH</b>		7. FIRST NAME <b>JOSEPH J</b>		8. STAR NO <b>12865</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>WHI</b>	
	11. AGE <b>600</b>		12. HT. <b>190</b>		13. WT. <b>190</b>		14. DATE OF APPT <b>29-JUN-1998</b>		15. EMPLOYEE NO. <b>[REDACTED]</b>		16. UNIT & BEAT OF ASSIGNMENT <b>008 0845R</b>	
	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		20. LAST NAME <b>MCDONALD</b>		21. FIRST NAME <b>LEQUAN</b>		22. M.I. <b>J</b>	
SUBJECT INFORMATION	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B. <b>25-SEP-1997</b>		26. HT. <b>601</b>		27. WT. <b>185</b>		28. ADDRESS <b>IL 60637 [REDACTED]</b>	
	29. TELEPHONE NO.		30. WAS SUBJECT ARMED/OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		33. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>DR. PITZEL</b>		34. BY WHOM?	
	35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence		36. CHARGES PLACED		37. CB NO.		38. IR NO.		39. DNA		40. DNA	
	35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized		36. CHARGES PLACED		37. CB NO.		38. IR NO.		39. DNA		40. DNA	
REASON FOR USE OF FORCE (Check all that apply)	38. DNA		SUBJECT'S ACTIONS		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON <input checked="" type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>		WEAPON <input checked="" type="checkbox"/>	
	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER <input type="checkbox"/>		ATTACK WITHOUT WEAPON <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>	
	OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>	
WEAPON DISCHARGE INCIDENT	MEMBER'S RESPONSE		OPEN HAND STRIKE		ELBOW STRIKE		KNEE STRIKE		FIREARM		OTHER	
	VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>	
	ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>	
	WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>	
CASE INFO.	39. DNA		40. ADDITIONAL INFORMATION <b>OFFENDER ARMED WITH KNIFE.</b>		41. WEAPON TYPE		42. INCIDENT OCCURRED		43. LIGHTING CONDITIONS		44. WEATHER CONDITIONS	
	POSITION		STAR NO.		UNIT		Indoors <input type="checkbox"/> Outdoors <input checked="" type="checkbox"/>		01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial <input checked="" type="checkbox"/>		CLEAR	
	41. WEAPON TYPE		04 SEMI-AUTO PISTOL <input type="checkbox"/>		05 CHEMICAL WEAPON <input type="checkbox"/>		06 TASER (Probe Discharge) <input type="checkbox"/>		07 OTHER <input type="checkbox"/>		45. MAKE/MANUFACTURER	
	01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/>		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE		49. TASER DART ID NO.		50. WEAPON SERIAL No. (Include Letters)	
SIGNATURES	51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.		54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED	
	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER		58. TOTAL NO. OF SHOTS MEMBER FIRED		59. WHO FIRED FIRST SHOT		60. WAS FIREARM RELOADED DURING INCIDENT		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN	
	01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/>		01 YES <input type="checkbox"/> 02 NO <input type="checkbox"/>		01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/>		63. HOW WAS MEMBER'S HANDGUN DRAWN		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS	
	01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/>		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON		69. POSITION OF MEMBER DISCHARGING WEAPON		70. EVENT NO. <b>1429315878</b>	
71. R.D. NO. <b>HX475653</b>		72. NOTIFICATIONS (OC OR TASER INCIDENT):		OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC <input type="checkbox"/>		73. REPORTING MEMBER (Print Name)		STAR/EMPLOYEE NO.		SIGNATURE		
73. REPORTING MEMBER (Print Name)		STAR/EMPLOYEE NO.		SIGNATURE		74. REVIEWING SUPERVISOR (Print Name)		STAR NO.		DATE REVIEWED TIME		
74. REVIEWING SUPERVISOR (Print Name)		STAR NO.		SIGNATURE		75. REVIEWING SUPERVISOR (Print Name)		STAR NO.		DATE REVIEWED TIME		
75. REVIEWING SUPERVISOR (Print Name)		STAR NO.		SIGNATURE		76. REVIEWING SUPERVISOR (Print Name)		STAR NO.		DATE REVIEWED TIME		

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Subject is deceased.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Officer Walsh's actions were in compliance with the Department's use of force policy.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1072125 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

MC NAUGHTON, DAVID R

SIGNATURE

[Redacted Signature]

DATE COMPLETED TIME

21-OCT-2014 05:12:27

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

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